

Atmosphere Investigation

Surface Ozone Data Sheet

* Required Field

School Name: _____ Study Site: _____

Observer names: _____

Ozone Strip Exposed at:

Date: Year _____ Month _____ Day _____ Universal Time (hour:min): _____

Ozone Strip Measured at:

Date: Year _____ Month _____ Day _____ Universal Time (hour:min): _____

* **Surface Ozone** _____ (ppb)

Comments: _____

* **Data (When Ozone Strip was Exposed)**

* **Air Temperature (°C):** _____

Relative Humidity

(Select instrument used):

<input type="checkbox"/> Sling Psychrometer	<input type="checkbox"/> Digital Hygrometer
Dry bulb temperature (°C): _____	Ambient air temperature (°C): _____
Wet bulb temperature (°C): _____	Relative Humidity (%): _____

Comments: _____

* **Sky Conditions (next page):**

Study Site: _____ Date: _____ Time (UT): _____

**1. What is in Your Sky?**

Total Cloud/Contrail Cover:

☐ Sky is Obscured

- ☐ None (Go to box 2) ☐ Scattered (25-50%)
☐ Few(<10%) ☐ Broken (50-90%)
☐ Isolated (10-25%) ☐ Overcast (90-100%)

- ☐ Fog ☐ Sand
☐ Heavy Rain ☐ Spray ☐ Haze
☐ Heavy Snow ☐ Smoke ☐ Volcanic Ash
☐ Blowing Snow ☐ Dust

Go to box 6

*If you can observe sky color or visibility, complete box 2

2. Sky Color and Visibility

Color (Look Up): ☐ Cannot Observe ☐ Deep Blue ☐ Blue ☐ Light Blue ☐ Pale Blue ☐ Milky

Visibility (Look Across): ☐ Cannot Observe ☐ Unusually Clear ☐ Clear ☐ Somewhat Hazy ☐ Very Hazy ☐ Extremely Hazy

3. High Level Clouds

- ☐ No High Level Clouds Observed
(Go to box 4)

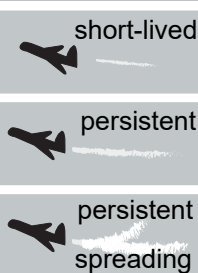
Cloud Type:

- ☐ Contrails (number of): _____
☐ Cirrus
☐ Cirrocumulus
☐ Cirrostratus

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#

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Cloud Cover:

- ☐ Few (<10%)
☐ Isolated (10%-25%)
☐ Scattered (25%-50%)
☐ Broken (50%-90%)
☐ Overcast (>90%)

Visual Opacity:

- ☐ Opaque
☐ Translucent
☐ Transparent

4. Mid Level Clouds

- ☐ No Mid Level Clouds Observed (Go to box 5)

Cloud Type:

- ☐ Altostratus ☐ Altocumulus

Cloud Cover:

- ☐ Few (<10%)
☐ Isolated (10%-25%)
☐ Scattered (25%-50%)
☐ Broken (50%-90%)
☐ Overcast (>90%)

Visual Opacity:

- ☐ Opaque
☐ Translucent
☐ Transparent

5. Low Level Clouds

- ☐ No Low Level Clouds Observed (Go to box 6)

Cloud Type:

- ☐ Fog ☐ Stratus
☐ Nimbostratus ☐ Cumulus
☐ Cumulonimbus ☐ Stratocumulus

Cloud Cover:

- ☐ Few (<10%)
☐ Isolated (10%-25%)
☐ Scattered (25%-50%)
☐ Broken (50%-90%)
☐ Overcast (>90%)

Visual Opacity:

- ☐ Opaque
☐ Translucent
☐ Transparent

6. Surface Conditions

Mandatory:

	Yes	No		Yes	No
Snow/Ice	<input type="radio"/>	<input type="radio"/>	Dry Ground	<input type="radio"/>	<input type="radio"/>
Standing Water	<input type="radio"/>	<input type="radio"/>	Leaves on Trees	<input type="radio"/>	<input type="radio"/>
Muddy	<input type="radio"/>	<input type="radio"/>	Raining/Snowing	<input type="radio"/>	<input type="radio"/>

Optional:

You may submit any or all


Temperature: ____ °C
 Barometric Pressure: ____ mb
 Relative Humidity: ____ %



Study Site: _____ Date: _____ Time (UT): _____

Comments: _____
_____***Wind***Instrument (Check one): ☐ GLOBE Instrument ☐ Automated Instrument0 to 10% ☐ 10 to 25% ☐ 25 to 50% ☐ >50%

*Direction (Check One):

	North	
Northwest <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Northeast
West <input type="checkbox"/>		<input type="checkbox"/> East
Southwest <input type="checkbox"/>	<input type="checkbox"/> South	<input type="checkbox"/> Southeast

Comments: _____
_____***Data (When Ozone Strip was Measured)**

*Air Temperature (°C): _____

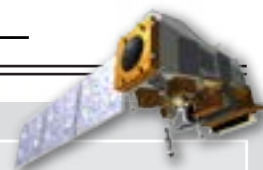
Relative Humidity

(Select instrument used):

<input type="checkbox"/> Sling Psychrometer	<input type="checkbox"/> Digital Hygrometer
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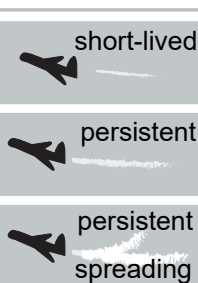
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Study Site: _____ Date: _____ Time (UT): _____

Comments: _____

***Wind**

*Instrument (Check one): ☐ GLOBE Instrument ☐ Automated Instrument
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Northwest <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Northeast
West <input type="checkbox"/>		<input type="checkbox"/> East
Southwest <input type="checkbox"/>	<input type="checkbox"/> South	<input type="checkbox"/> Southeast

Comments: _____